



State of California
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August 14, 2003

Inquiry: I am writing a question regarding our Scope of Practice laws in section 3702. Specifically can RCP's assess and treat an emergency room patient using a "standing order" or Protocol without the physician first seeing the patient. In our ED, nurses are seeing patients and determining that they need Respiratory Care based on a "standing order". They then call their RCP to give the treatment without a written order on the chart. The physician would then add the order after they actually see the patient. Are RCP's protected under this practice?

Response: There is a distinction between a standing order and a protocol. A standing order, also referred to as a blanket order, has been highly discouraged by the DHS for many years as an unacceptable and unsafe practice. A protocol on the other hand is a policy or document that applies specific clinical signs and symptoms to a patient for the purpose of appropriate treatment. Examples of these would be PEFR measurements with specific treatment options designed against the assessment results. Other clinical signs could also include FEV1.0, SVC, FVC, heart rate, respiratory rate or any other assessment criteria used to conduct a complete pulmonary assessment. With the appropriate criteria developed and approved by the hospital medical staff and its administration, it would be perfectly acceptable and within the scope of the RCP to perform the assessment and treat the patient against such a protocol.

Overall, this does not appear to be a scope of practice issue nor is there any suggestion that you would be performing in an unprofessional manner. There may, however, be separate concerns involving the hospital and the other professionals involved as to whether the standing order procedure constitutes an adequate standard of care.

Reference # 2003-C-25